

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 9/08/03.

### I. DISPUTE

Whether there should be reimbursement for date of service 5/22/03. The Carrier denied reimbursement as “ZFK – The charge for this procedure exceeds the fee schedule or usual and customary allowance. ZFL – This contracted provider has agreed to reduce this charge below fee schedule or usual and customary charges for your business.”

### II. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
5/22/03	95904 4 Units	\$360.00	\$0.00	ZFK, ZFL	\$64.00 (each nerve)	MFG MGR (IV)(D)	The Respondent's EOB is difficult to understand. The EOB states an amount recommended, however, reimbursement was not made.  The Requestor failed to present pertinent information to dispute or challenge the Carrier's position regarding a managed care contract, on this basis reimbursement is not recommended.
5/22/03	95900 3 Units	\$255.00	\$0.00	ZKF ZFL	\$64.00 (per study)	MFG MGR (IV)(D)	The Respondent's EOB is difficult to understand. The EOB states an amount recommended, however, reimbursement was not made.  The Requestor failed to present pertinent information to dispute or challenge the Carrier's position regarding a managed care contract, on this basis reimbursement is not recommended.
5/22/03	95861 1 Unit	\$252.00	\$0.00	ZKF ZFL	\$200.00	MFG MGR (IV)(C)	The Respondent's EOB is difficult to understand. The EOB states an amount recommended, however, reimbursement was not made.  The Requestor failed to present pertinent information to dispute or challenge the Carrier's position regarding a managed care contract, on this basis reimbursement is not recommended.
5/22/03	95935	\$150.00	\$0.00	ZFK ZFL	\$53.00 (per study)	MFG MGR (IV)(B)(2)	The Respondent's EOB is difficult to understand. The EOB states an amount recommended, however, reimbursement was not made.  The Requestor failed to present pertinent information to dispute or challenge the Carrier's position regarding a managed care contract, on this basis reimbursement is not recommended.
<b>Totals</b>		\$1,017.00	\$0.00				The Requestor is <b>not</b> entitled to reimbursement.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision and Order is hereby issued this 24<sup>th</sup> day of March 2004.

Pat DeVries  
Medical Dispute Resolution Officer  
Medical Review Division

PD/pd